



EMSC/CHILD READY CONNECTION Newsletter



APRIL VOLUME 2, ISSUE 4

A word from the EMSC Program Manager:

Greetings!

The Emergency Medical Services for Children (EMSC) Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system.

We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (*prevention, emergency response, prehospital care, hospital care, interfacility transport, and rehabilitation*) is provided to children and adolescents, no matter where they live, attend school or travel.



CHILD READY MONTANA—STATE PARTNERSHIP OF REGIONALIZED CARE (SPROC)

The intent of the program is to develop an accountable culturally component and assessable emergent care system for pediatric patients across Montana.

**THE RIGHT CARE AT THE RIGHT PLACE AT THE RIGHT TIME
WITH THE RIGHT RESOURCES!**

**Exciting news and events are
going on this month!**

See what's new!



The Blue Ribbon campaign is a memorial to children who have been touched by abuse and neglect.

EMS & Trauma Section
EMS for Children,
PO Box 202951,
1400 Broadway,
Room C314A,
Helena MT 59620

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APRIL IS CHILD ABUSE PREVENTION MONTH!

Child abuse is any mistreatment or neglect of a child that results in non-accidental harm or injury and which cannot be reasonably explained. Child abuse can include: physical abuse, emotional abuse, sexual abuse and neglect. If a child is in immediate danger, please call the police. If you suspect child abuse, contact the **Montana Child and Family Services' Centralized Intake at 1-866-820-5437.**

CHILD ABUSE MNUEMONIC

CONSISTENCY OF INJURY WITH DEVELOPMENTAL STAGE

Is the incident as described plausible for age and development of the child?
Refer to normal developmental milestones. **"Non-cruisers are non-bruisers!"**

HISTORY INCONSISTENT WITH IN JURY

Does the medical history of the child, or the incident history change from person to person?
Is there a previous history of fractures, ingestions or injuries?
Is the injury consistent with the presenting history?

INAPPROPRIATE PARENTAL CONCERNS

Do parents/caregivers:
Ask pertinent questions?
Seem concerned about outcomes?
Offer comfort measures to the child?

LACK OF SUPERVISION

Question family member/caregiver as to:
Who was present? Where did it happen?
What happened? Why did it happen?
When did it happen?

DELAY IN SEEKING CARE

Is the time frame between when the injury occurred and when medical care was sought reasonable? Note unusual delays.

AFFECT/ATTRIBUTIONS

Document negative attributions.
Document reaction of child to all family members/caregivers present.
Document response and behavior of family members/caregivers present.

BRUISES

Document findings/absence of findings of head to toe exam with patient unclothed.
In documenting bruises note:

Location	Pattern	Presence over bony or non-bony prominence (s)
Size	Color	
Number	Non-cruising or non-ambulatory	

UNUSUAL INJURY PATTERNS

Describe injury characteristics and diagnostic testing performed. Differentiate between non-intentional versus inflicted patterns, e.g., belt loops, bites, iron burns, hand imprints.

SUSPICIONS

Remember that a report to Montana CFSD Centralized Intake Hotline is for "suspicion" of abuse or neglect. YOU do NOT have to prove it. You are a mandated reporter for reasonable suspicion of abuse and neglect. Complete physical exam including body chart and/or photo documentation. Document location, size, color and shape of abnormalities.

ENVIRONMENTAL CUES

If a run report from EMS is present, does it contain any contributing information about the environment in which the injury occurred? **Gather information from EMS prior to their departure from the ED.**

http://www.dphhs.mt.gov/ems/emsc/documents/CHILDABUSE_Mnemonic.pdf

IDENTIFYING AND EVALUATING CHILD ABUSE

CME Certificate Fee: \$25.00 per credit (hour) **2.00 AMA PRA Category 1 Credit (s)TM** Estimated time to complete this activity: 2.00 hours **Current Approval Period:** August 17, 2012 - August 16, 2015

Course Learning Objectives:

- **Perform appropriate medical evaluations of suspected abuse cases.**
 - **Obtain an appropriate history in suspected child abuse cases.**
 - **Communicate effectively with investigative services.**
 - **Document abuse accurately in the medical record.**
 - **Apply recent clinical advances to cases of suspected child abuse.**
- Learning Format:** Case-based, interactive online course, including mandatory assessment questions (number of questions varies by course or module). **CME Sponsor:** University of Missouri-Columbia

https://www.vlh.com/shared/courses/course_info.cfm?courseno=164

Child Abuse CE185-60 | 1.00 contact hrs -<http://ce.nurse.com/course/ce185-60/child-abuse/>

Objectives:

The goal of this continuing education module is to update nurses', paramedics and EMTs', health educators', occupational therapists', physicians', speech-language pathologists' and social workers' ability to recognize, report and if appropriate treat victims of child abuse. After studying the information presented here, you will be able to: Identify signs and symptoms that may indicate that a child is a victim of abuse; name four risk factors each for becoming a perpetrator and a victim of child abuse; relate essential elements that must be documented in cases of suspected child abuse.

Accreditation Information: This course is intended for an inter-professional audience, including nurses, paramedics and EMTs, health educators, occupational therapists, physicians, speech-language pathologists and social workers. For the version accredited or approved for another profession, go to your specific profession at www.continuingeducation.com or Nurse.com/CE. This course will be updated or discontinued on or before 12/6/2015

How Nurses Can Help Prevent Child Maltreatment

60077 | 7.00 contact hrs

by Naomi A. Schapiro, RN, MS, CPNP, PhD(c) and Carol R. Beale, MS, PNP, RN and Patricia Frost, MS, CPNP, RN

This course has been approved for 6 hours by the Commission on Case Manager Certification for 2009, 1/15/10 through 12/31/10, 2011, 2012, 2013, and 2014. This course is designed for nurses who care for children in the community, ED, home, hospital and outpatient settings. Its purpose is to increase nurses' knowledge and skills to detect child maltreatment. This course will further identify key nursing interventions to prevent, report and treat child abuse. ***This course defines child abuse and describes the reporting laws in California and Texas. Healthcare providers in other states should review the child abuse definitions and laws for their states.*** This course will be updated or discontinued on or before 10/11/2015 After studying the information presented here, you will be able to: Describe risk, protective factors and prevention strategies related to child maltreatment; Evaluate signs and symptoms of physical abuse, sexual abuse, Munchausen by Proxy and neglect; Integrate abuse-related history taking, assessment and mandated reporting into the nursing care of children.

<http://ce.nurse.com/course/60077/how-nurses-can-help-prevent-child-abuse/>



SEXUAL ASSAULT AWARENESS MONTH

SAAM is an annual campaign to raise public awareness about sexual assault and educate communities and individuals on how to prevent sexual violence.

<http://www.nsvrc.org/saam/sexual-assault-awareness-month-home>



PREVENTION TIPS FOR HEALTH CARE PROFESSIONALS

Sexual violence is a significant public health issue with long-lasting effects on individual and community wellness. This fact sheet provides information about sexual assault and how health care professionals can prevent and respond to sexual violence. Together we can build a community working to prevent sexual assault.

One in five women and one in 71 men will be raped at some point in their lives (Black et al., 2011).

One in six boys and one in four girls will experience a sexual assault before the age 18 (Dube et al., 2005).

Research has shown that adverse childhood experiences in childhood, including child sexual abuse, have a strong correlation to poor health outcomes in adulthood (Felitti et al., 1998).

Women and men who experienced rape in their lifetime were more likely to report frequent headaches, chronic pain, difficulty with sleeping, activity limitations, poor physical health and poor mental health than men and women who did not experience these forms of violence (Black et al., 2011).

In the year following a rape, the average level of health care service use increases 18% over pre-rape levels; during the second year, post-rape service use increases 56%. (Koss, Koss, & Woodruff, 1991).

Enhance your ability to identify risk factors for victimization or perpetration. Develop protocols and practice comprehensive assessments of patients for sexual violence. Learn more: Assessing patients for sexual violence: A guide for health care providers.

(NSVRC 2011 http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guides_Assessing-patients-for-sexual-violence.pdf).

CHILD SEXUAL ABUSE IN MONTANA:

In 2008 and 2009, the Montana Child and Family Services Division received 1,406 reports of child sexual abuse.

- In 2009, 347 rapes were reported to law enforcement in Montana. More than half of these rape victims (188) were children between the ages of 3 and 17 years old.

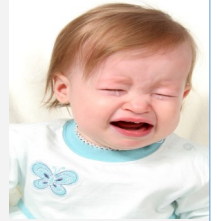
Children's Advocacy Centers in Montana saw 1,123 Montana children in 2009 and 2010.

And according to the U.S. Department of Justice:

- 70% of victims of sexual assault were under the age of 18.
- 35% of victims of sexual assault were under the age of 12.
- 40% of the offenders who victimized children under the age of 18 were juveniles under the age of 18.
- 71% were assaulted by someone they were acquainted with or knew by sight.
- 18% were assaulted by a complete stranger.
- 10% were assaulted by a family member.
- Police were contacted in regard to only 30% of the sexually assaulted children.

<https://doj.mt.gov/childrensjustice/for-parents-and-caregivers/>

STRESS CAN BE CONTAGIOUS: INFANTS CAN CATCH IT FROM THEIR MOTHERS



New research shows that babies not only pick up on their mother's [stress](#), they also show corresponding physiological changes. "Our research shows that infants 'catch' and embody the physiological residue of their mothers' stressful experiences," says lead researcher Sara Waters, postdoctoral scholar at the University of California, San Francisco. The findings are published in *Psychological Science*, a journal of the Association for Psychological Science.

"For many years now, social scientists have been interested in how emotions are transmitted from one person to another," says senior author Wendy Berry Mendes, the Sarlo/Ekman Associate Professor of Emotion at UCSF. Indeed, research in the social sciences has shown that emotions can be "contagious" and that there is emotional synchrony between romantic partners.

"Our earliest lessons about how to manage stress and strong negative emotions in our day-to-day lives occur in the parent-child relationship," Waters explains. The researchers recruited 69 mothers and their 12- to 14-month-old infants to participate in the study. Researchers attached cardiovascular sensors to both mother and infant and took baseline recordings from each. After settling in, mother and infant were separated and the mother was assigned to give a 5-minute speech to two evaluators, followed by a 5-minute Q&A session. Some mothers received positive signals from the evaluators, including nodding, smiling, and leaning forward. Others received negative feedback, such as frowning, shaking their heads, and crossing their arms. A third group of mothers did not receive any feedback. Mother and infant were later reunited.

As predicted, mothers who received negative feedback reported greater decreases in positive emotion and greater increases in negative emotion than did mothers in the other two conditions. They also showed signs of increased cardiac stress. And the infants quickly picked up on this stress response: Infants whose mothers received negative feedback showed significant increases in heart rate relative to baseline within minutes of being reunited with their mothers.

Importantly, the infant's response tracked the mother's response - that is, greater the mother's stress response, the greater the infant's stress response, an association that actually became stronger over time. "Before infants are verbal and able to express themselves fully, we can overlook how exquisitely attuned they are to the emotional tenor of their caregivers," notes Waters. "Your infant may not be able to tell you that you seem stressed or ask you what is wrong, but our work shows that, as soon as she is in your arms, she is picking up on the bodily responses accompanying your emotional state and immediately begins to feel in her own body your own negative emotion."

The researchers note that there are a variety of different channels through which these emotions might be communicated, including odor, vocal tension, and facial expressions. Waters, Mendes, and colleagues are currently investigating the hypothesis that touch plays an important role in emotion contagion.



Ultimately, these findings shed light on how health and well-being can have long-term consequences, transferring across generations:

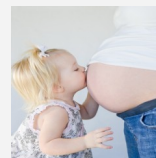
"A common question in public health circles is how stress and social environment 'gets under the skin' to affect health both at an individual and at a familial level," says Mendes. "With this admittedly modest study, we show a possible mechanism for how stress is transmitted from parent to child."

APRIL MARKS ALCOHOL AWARENESS MONTH.

This year, CDC is drawing attention to the risks to women from binge drinking, a dangerous behavior that leads to many health and social problems for women, particularly if they are pregnant or may become pregnant.



ALCOHOL CONSUMPTION AND PREGNANCY



No amount of alcohol is safe to drink while pregnant. There is no safe time during pregnancy to drink, and no safe kind of alcohol. Women who drink alcohol while pregnant increase their risk of having a baby with fetal alcohol spectrum disorders (FASDs). This group of conditions includes physical and intellectual disabilities, as well as problems with behavior and learning. Often, a person has a mix of these problems. FASDs are a leading known cause of intellectual disability and birth defects. FASDs are completely preventable if a woman does not drink while she is pregnant or may become pregnant.

- Women should not drink alcohol if they are planning to become pregnant or are sexually active and do not use effective birth control because they could become pregnant and not know for several weeks. In 2001, about one-half of all pregnancies in the United States were unplanned.
- National surveys show that about 6 out of every 10 women of child-bearing age (18–44 years) use alcohol, and about one-third of women in this age group who drink alcohol binge drink.



Female binge drinkers are more likely to engage in unsafe sexual activities compared with women who are not binge drinkers. Binge drinking increases the risk for unintended pregnancy which may lead to a delay in recognizing pregnancy. If a woman does not recognize that she is pregnant and she continues drinking, she can expose her developing fetus to alcohol without realizing it.

<http://www.cdc.gov/features/alcoholawareness/>

ENHANCED RESOURCES FOR FASD PREVENTION AND INTERVENTION - NOFAS

In 2010, the Centers for Disease Control and Prevention (CDC) awarded a 4-year cooperative agreement to the National Organization on Fetal Alcohol Syndrome (NOFAS.) The purpose of this project is to (1) increase the availability and coordination of fetal alcohol spectrum disorders (FASD)-related prevention, intervention, and support services at the national, state, and local levels, and (2) increase awareness regarding FASDs through the distribution and dissemination of accurate information through professional and public health networks and the media.

NOFAS Webinar Series Description: These are educational webinars featuring current topics and research about FASD. Details: The one hour webinars will be offered the third Wednesday of each month. All times are 2:00 – 3:00 PM EST. The webinars are free. For questions, please email information@nofas.org. You can register to view recordings of past webinars.

- Improving Awareness and Treatment of Children, Adolescents, and Adults with FASD and Co-Occurring Disorders

Updates on Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (ND-PAE).

This webinar will include implications for inclusion of the disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

<http://www.nofas.org/nofas-webinar-series/>



CHILD READY MONTANA

Child Ready Montana is a State Partnership Regionalization of Care Grant (SPROC) funded by the Federal Health Resource d Services Administration (HRSA). Montana is one of the 6 states to be awarded this grant with the Montana Emergency Medical Services for Children (EMSC) Program.



Celebrating **National Minority Health Month**

Each April, the Office of Minority Health raises awareness about health disparities that continue to affect racial and ethnic minorities and the nation as a whole.

This year's theme is **"Prevention is Power: Taking Action for Health Equity."**

What Is Cultural Competency? Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989).

And why is it important? Cultural competency is one the main ingredients in closing the disparities gap in health care. It's the way patients and doctors can come together and talk about health concerns without cultural differences hindering the conversation, but enhancing it. Quite simply, health care services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients can help bring about positive health outcomes.

Please visit the Office of Minority Health for more information at <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp> or call Kassie Runsabove Child Ready Program Coordinator/Cultural Liaison for more information at 406-238-6216.

CHILDWISE INSTITUTE OFFERING LEARNING SEMINAR ON AUTISM SPECTRUM DISORDERS IN CHILDREN



Save the Date!

May 3rd, 2014 (Helena MT) Intermountain Community Services Center, 3240 Dredge Dr.
Oct 4th, 2014 (Kalispell MT) Red Lion Inn, 20 N. Main St.

Time: 9:00am – 4:30pm **Cost:** \$50 for parents / \$75 for professionals (includes CEUs)

This conference is designed to expand understanding and awareness of Autism Spectrum Disorders in children and develop competencies for parents, mental health professionals, teachers and healthcare providers. Participants will be able to better understand and treat children diagnosed with symptoms on the Autism Spectrum Disorder (ASD). Social, emotional, behavioral and medical factors affecting children with ASD will be discussed. In addition, this learning seminar will identify ways to collaborate and integrate services from multiple agencies. Presentations will include "Positive Behavioral Support for Children with Autism," "Nutrition for Cognition," an overview of the P.L.A.Y. (Play and Language for Autistic Youngsters) Project, and more.

Who Should Attend? Parents, Educators, Psychologists, Therapists, Mental Health Professionals, Healthcare Providers, and Medical Professionals.

Continuing Education: Up to 6 CEU credits and OPI renewal units are available for social workers, therapists, psychologists, educators, and healthcare providers. www.childwise.org/asd2014reg/

COMMUNITIES PREVENT CHILD ABUSE AND NEGLECT

The Montana Children's Trust Fund (MT CTF) was established in 1985 to provide financial support to local programs across the state to prevent child abuse and neglect and to strengthen families. These programs strive to ensure that Montana children are born into and raised in safe, stable, and nurturing environments. They provide training for parenting skills and resources so that families can access help. Raising children should be considered a collective effort and a priority among communities. April is Child Abuse Prevention Month. Communities statewide are hosting prevention activities. The goal is to remind everyone joyous and carefree childhood is supposed to be. Every child deserves to be raised in a healthy, safe, and nurturing environment

Montana's Child and Family Service Division completed 8,060 investigations of child abuse and neglect reports in FY 2012 involving 11,835 children. Abuse or neglect was confirmed in 2,037 investigations, including:

1,647 cases of neglect or deprivation.	203 cases of physical abuse.
90 cases of psychological abuse.	53 cases of sexual abuse.
10 cases of medical neglect.	34 case of other abuse or neglect.



These children represent a fraction of actual cases, as many go unreported.

Positive parenting is not the only force behind preventing child abuse and neglect, but also community awareness and public policies. Only through a joint effort, can a difference be made.

.Upcoming Events

April 4th – National Go Blue Day- Wear blue to support child abuse prevention efforts

April 13th – 19th – Shaken Baby Syndrome Awareness Week

April 14th – 18th – Pinwheels for Prevention Capitol lawn

April 15th, 11:00 AM – Press Conference Capitol Rotunda Montana's First Lady, Lisa Bullock, MT CTF & Healthy Mothers, Healthy Babies (HMHB-MT)

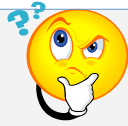
WHY PINWHEELS FOR PREVENTION?

For two decades, market research consistently has shown that the public views child abuse and neglect as a serious problem. As a national organization whose mission is ***"to prevent the abuse and neglect of our nation's children,"*** the emphasis is to now transform that awareness into action. We now have that opportunity through the pinwheel, which reminds us of childlike notions and stands for the chance at the healthy, happy and full lives all children deserve.

Pinwheels for Prevention began as a grassroots campaign among our chapters in Georgia, Florida and Ohio. Their success and our desire to create a national symbol for child abuse and neglect prevention led us to take this effort nationwide in 2008.

Prevent Child Abuse America, founded in 1972 in Chicago, works to ensure the healthy development of children nationwide.

A major organizational focus is to advocate for the existence of a national policy framework and strategy for children and families while promoting evidence-based practices that prevent abuse and neglect from ever occurring. To learn more about what we're doing to prevent child abuse and neglect and how you can help, please visit the websites, preventchildabuse.org and healthyfamiliesamerica.org.



TRIVIA CONTEST:

First 3 to answer the questions wins a free Pediatric Crash Card

Email rsuzor@mt.gov)

1. What number do you call to report suspected child abuse or neglect?
2. What is the Blue Ribbon campaign?
3. What is FASD?

AAP CHIC Virtual Grand Rounds on Telehealth

The American Academy of Pediatrics' (AAP) Child Health Informatics Center (CHIC) has developed [Technology Virtual Grand Rounds \(VGRs\)](http://www.aap.org/informatics/VirtualGrandRounds.html) to provide education on topics in telehealth and health information. Each VGR will bring together professionals in the field of telehealth and HIT to offer their expertise and recommendations to help pediatricians and subspecialists use telehealth and HIT in their practices, <http://www.aap.org/informatics/VirtualGrandRounds.html>

TRAINING RESOURCES: April 16, 2014

This summit is intended to provide practical, real-world solutions to the prescription drug abuse epidemic and to provide ways to implement plans of action. We know it's an epidemic, but what are we going to do about it? This summit will be high energy and interactive and is meant to be collaborative - professionals from multiple industries working together to come up with solutions on how to address prescription drug abuse together in the community. **Contact:** brandee@missoulaforum.org

Continuing Education will be offered: 4 to 5 Contact hours have been submitted for approval for: OPI, LCSW, LCPC, RN, LAC **this activity has been submitted to Montana Nurses Association for approval to award contact hours.**

The **NASEMSO Medical Directors Council's Model EMS Clinical Guidelines Work Group** has been diligently crafting "**Draft Model EMS Guidelines**" through a rigorous evidence-based process. This document has now been posted on the NASEMSO website for public comment, and the comments will be accepted through **April 30, 2014**.

The actual link to the guidelines is <https://www.nasemso.org/Projects/ModelEMSClinicalGuidelines/>

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Closing the Gaps in Children's Care	CE274-60	1.00
Common Pediatric Problems in Ambulatory Care	60078	5.00



Emergency Medical Services for Children, MT DPHHS, EMS & Trauma Systems, PO Box 202951, 1400 Broadway, C314A, Helena MT 59620, (406) 444-0901, rsuzor@mt.gov

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